## 13021111689

FEC FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED

2013 AUG 23 AM 8: 37

Office Use Only	ACMITCO

•			Office Use Only	
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Michigan 13th Congressional District Democratic				
Lanty	P. O. Box 3	9.799		
ADDRESS (number and street)  (Check if address is changed)				
io Ghanged,	BELIFORD		MT 4823,9-1079,9 STATE A ZIP CODE A	
COMMITTEE'S E-MAIL ADDRE	ss			
(Check if address is changed)	Landenis	e3@aal.60	M	
	Optional Second E-Mail Add	dress	1	
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address is changed)				
mass is changed,	1			
2. DATE 73 2073				
3. FEC IDENTIFICATION NUMBER ▶ C				
4. IS THIS STATEMENT NEW (N) OR MENDED (A)				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer <u>Denise A. Carr</u>				
Signature of Treasurer Service Holder Date Date DB 23 250,13				
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only		For further Information of Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		

FEC	For	m 1 (Revised 02/2009)	Page 2	
TYPE OF COMMITTEE				
Candid	date	Committee:		
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)		
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Comple information below.)	te the candidate	
Name of Candida				
Candida Party Af		Office Sought: House Senate President	State District	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candida			11.1111	
Party (	Con	nmittee:		
(d)	X		emocratic, publican, etc.) Party.	
Politic	al A	ction Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:	
	essented.	Corporation Corporation w/o Capital Stock	abor Organization	
			Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.		
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre	egated fund or party	
		committee. (i.e., nonconnected committee)		
		In addition, thle committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint F	und	draising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a fedoral candidate.	or more political	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political	
Committees Participating in Joint Fundraiser				
,	1.			
;	2.	FEC ID number		
;	3.	FEC ID number		
	4.	FEC ID number		

FEO FOITH 1 (Neviseu v	022009)	1 ago e
Write or Type Committee Name	<b>e</b>	
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leader	rship PAC Sponsor
NoNE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	od Organization Affiliated Committee Joint Fundraising Representative JL	eadership PAC Sponsor.
7. Custodian of Records: Idea books and records.	ontify by name, address (phone number optional) and position of the person in p	ossession of committee
Full Name Den	ise A. Carr	
Mailing Address	V9.45.4 Edinbonough	
	Detroit 48	2-191-LIII
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 313-L	8011-191429
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
Full Name of Treasurer	ise A. Carr	
Mailing Address	V.9.45.4 Edvnbarough	
Till on Portion	CITY STATE	ZIP CODE
Title or Position  Title G.S. When M	Telephone number $3/3-6$	80,1-19,429

Full Name of Designated Agent	hid Baydoun				
Mailing Address	26414 Simst.				
		1 1 1 1			
	Dearborn	MII	48217		
Title or Position .	CITY	STATE	ZIP CODE		
Assistan7	Telephone	number 3	13-452-4599		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.					
0.1	, 1				
Cha	rter One				
Mailing Address	31500 Grandriver				
	Det hoit	I LYTT	48219-		
	CITY	STATE	ZIP CODE		
Name of Bank, Depository,	etc.				
Mailing Address					
		لباا	<u> </u>		
	CITY	STATE	ZIP CODE		

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked USPS Priority Mail Express Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked

Other (Specify): DATE PREPARED (8/2013)